



The Commonwealth of Massachusetts  
Division of Professional Licensure  
239 Causeway Street, Boston, MA 02114  
Board of Cosmetology  
[www.mass.gov/dpl/boards/hd](http://www.mass.gov/dpl/boards/hd)  
617-727-9940

## **Cosmetology Type 1 Application-Fee \$68.00**

### **COSMETOLOGY TYPE 1 APPLICANTS** **INSTRUCTION SHEET**

**Aestheticians should not complete this application. You must request the Type 6 application to upgrade an aesthetic license.**

#### **A COMPLETED APPLICATION MUST INCLUDE:**

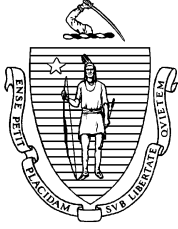
- A notarized affidavit certifying:
  - a) the date you started and stopped working for each employer as an operator
  - b) whether the work was full or part-time (full-time entails 5, 8 hour days per week; part-time entails a minimum of 24 hours per week/40 weeks per year). You may make copies of the blank affidavit if necessary.
  - c) **two full years** (24 months) of practical work experience -- **the Board will not consider any work experience:**
    - **Obtained prior to becoming licensed in the field of cosmetology**
    - **If you have been working anywhere but a salon licensed by the Massachusetts Cosmetology Board**
    - **Obtained in another state**
- A small 2" x 2" photo
- A money order for made payable to the Commonwealth of Massachusetts (no personal checks accepted). All money orders must be signed and dated.
- A copy of your current operator's license. Your license **must be active**, an expired status will deem you ineligible to upgrade. If you need to renew your operator's license you must mail your original renewal with a **separate** money order.

Retain copies of all paperwork submitted

***Please be advised all application fees are non-refundable.***

***Normal application processing time for complete applications is between 3-4 weeks.***

***Any incomplete application will be returned.***



The Commonwealth of Massachusetts  
Division of Professional Licensure  
239 Causeway Street, Boston, MA 02114  
Board of Cosmetology  
www.mass.gov/dpl/boards/hd  
617-727-9940

**Cosmetology Type 1 Application-Fee \$68.00**

**BOARD USE ONLY**

Board: \_\_\_\_\_  
License #: \_\_\_\_\_  
Type: \_\_\_\_\_  
Cash #: \_\_\_\_\_  
Cash Date: \_\_\_\_\_

Please attach recent

2 " X 2"

passport photograph here

1. Applicant Name: \_\_\_\_\_  
Last First Middle

2. Maiden Name: \_\_\_\_\_

3. Current License#: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

**BOARD USE ONLY**

Status Code: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Lic. Exp. Date: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

5. Permanent Address: \_\_\_\_\_  
No. Street Apt. #

City/Town State Zip Code

6. Business Address (**If Applicable**): \_\_\_\_\_  
No. Street Apt. #

City/Town State Zip Code

7. Telephone Number-Day: \_\_\_\_\_ Evening: \_\_\_\_\_

8. Email Address: \_\_\_\_\_

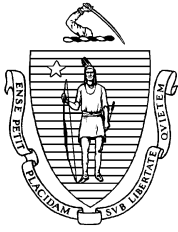
9. Social Security Number (**Mandatory**): \_\_\_\_\_

Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

10. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. \_\_\_\_\_
11. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? **Yes:** ☐ **No:** ☐ If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
12. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? **Yes:** ☐ **No:** ☐ If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
13. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? **Yes:** ☐ **No:** ☐ If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
14. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? **Yes:** ☐ **No:** ☐ If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
15. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? **Yes:** ☐ **No:** ☐ If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of incident.
16. Present Employer \_\_\_\_\_
17. Beauty School Attended \_\_\_\_\_  
Name & Address of School  
Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_
18. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Cosmetology to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date



The Commonwealth of Massachusetts  
Division of Professional Licensure  
239 Causeway Street, Boston, MA 02114  
Board of Cosmetology  
www.mass.gov/dpl/boards/hd  
617-727-9940

**Affidavit must be completed by Type 1 manager of salon and add up to 2 full years  
(24 months) of practical work experience**

**EMPLOYER'S AFFIDAVIT**

I hereby certify that I am a registered cosmetologist \_\_\_\_\_  
*manager's name & license number*

in good standing in the Commonwealth of Massachusetts and that

\_\_\_\_\_ was employed by me as an operator (full or part) time  
*applicant's name*

under my supervision from \_\_\_\_\_ to \_\_\_\_\_.  
*month/day/year month/day/year*

**CIRCLE TYPE OF SALON EMPLOYED AT:**

FULL SERVICE SALON    TYPE 1    AESTHETIC SALON    TYPE  
5

Signed:    **Name of Salon Manager** \_\_\_\_\_  
              Address \_\_\_\_\_  
              City & State \_\_\_\_\_ Telephone # \_\_\_\_\_  
              Salon Name \_\_\_\_\_ Salon License # \_\_\_\_\_

**THIS FORM WILL NOT BE ACCEPTED WITH ERASURES OR DATE CHANGES**

Signed under penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

---

**THIS SECTION TO BE COMPLETED BY APPLICANT**

I \_\_\_\_\_ hereby certify that I am a registered operator in  
good standing in the Commonwealth of Massachusetts and that my license number is  
\_\_\_\_\_ and the expiration date is \_\_\_\_\_.  
*month/day/year*

Signature of applicant \_\_\_\_\_

Name of Notary Public \_\_\_\_\_

Date Commission expires \_\_\_\_\_

Seal